

Name in Full

Certificate of Death

James Abrams

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Dec 19

Age

45

South America

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

177

Cause of

Primary

Heart

How long sick

Death

Immediate

Died

Accident, Suicide, Homicide

Reported by

Daniel W. Jones. He has been here but a short time

Address

and I know but little about him

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Hattie Britton*

Town

County

Died at

*Crisfield*

*Somerset*

MARYLAND

Date 19

*02*

Month

Day

Y.

M.

D.

Native of

Occupation

*12*

*21*

Age

*17*

~~Male~~

White

~~Married~~

~~Widow~~

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

~~Number of children living~~

Husband

of *X*

Wife

Father's

Name

*Wm. H. Britton*

Mother's

Maiden Name

*Mollie Coulbourn*

Cause of

Primary

*Tuberculosis*

How long sick

*One year*

Death

immediate

Accident, Suicide, Homicide

Reported by

*W. F. Hall 27*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lucy Nelson Cook

Died at

Town

Crown

County

Somerset

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

102

12. 7

Age 3. 3

md.

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

John W. Cook

Mother's Name

Nora E. Cook

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. F. Hall

179

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Neor Newlin</i> Town		<i>Sumner</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec.</i>	Day <i>20</i>	Age <i>6</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>boy</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>House</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm. Dorsey</i>				Father's Birthplace <i>Ind.</i>	
Mother's Maiden Name <i>Albina Dorsey</i>				Mother's Birthplace <i>Ind.</i>	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>8 months</i>
Immediate <i>toxaemia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. J. Smith</i>
<i>[Signature]</i>	Address <i>Providence, Ind.</i>
Accident or Suicide?	





Fred Fluor

Died at <sup>Town</sup> Fairmount <sup>County</sup> Somerset MARYLAND

Date 1902	Month Dec	Day 13	Y. 56	M. -	D. -	Native of Pa	Occupation Farmer
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	none

Husband of Annie Fluor

Father's Name	Fredrick Fluor	Mother's Maiden Name	Christiana Glent
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Cause of Death	Primary	Hemiplegia	How long sick	6 days
	Immediate		Accident, Suicide, Homicide	

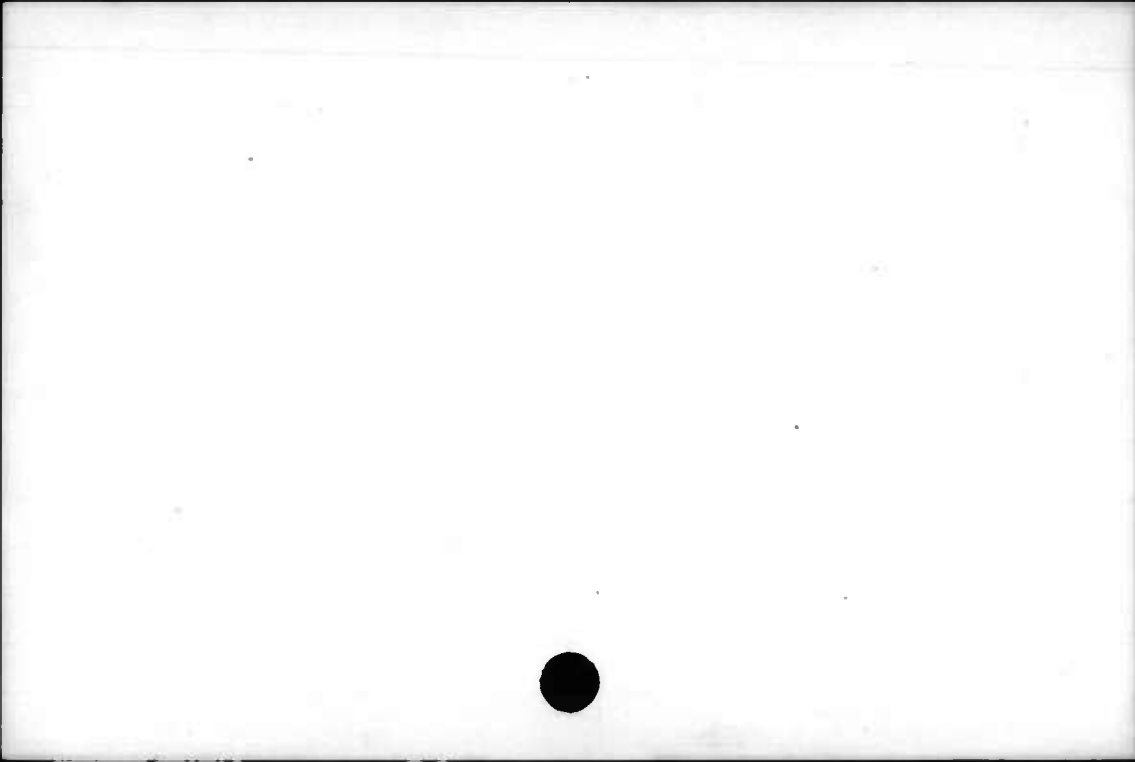
Reported by G. E. Dickinson

Address Upper Fairmount

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.



# CERTIFICATE OF DEATH



Name  
in  
Full

Leah Horsey-


## CERTIFICATE OF DEATH

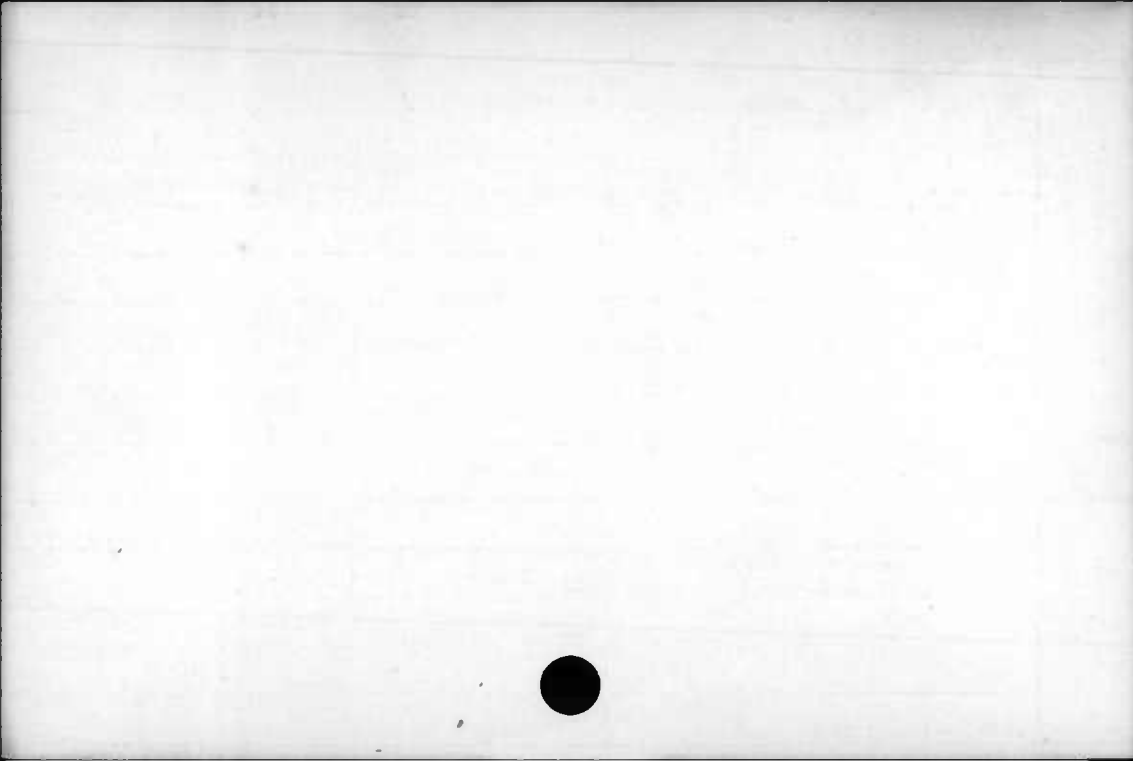
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leutfield</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death 1902	Month <i>Dec</i>	Day <i>12</i>	Age <i>81</i> -	Months <i>9</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Somerset Co. Md</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Albert R Horsey</i>					
Father's Name <i>Thomas Nelson</i>				Father's Birthplace <i>Somerset Co.</i>	
Mother's Maiden Name <i>Nancy Stelling</i>				Mother's Birthplace <i>Somerset Co.</i>	
Name of person giving information <i>A. R Horsey</i>				How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>18 months</i>
Immediate <i>Pneumonia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y.</i>	Signature of Physician <i>A. H. Allen</i>
	Address <i>Leutfield. Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Death Certificate of **Leah Fester Jones cal.**  
 Town **Heals Island** County **Somerset** MARYLAND  
 Died at **Heals Island**  
 Date **1902 Dec 3** Age **35** - - -  
 Male **Male** White **White** Married **Married** Widow **Widow** Divorced **Divorced**  
 Female **Female** Colored **Colored** Single **Single** Widower **Widower** Number of children living **5**  
 Husband of **Alfred Jones**  
 Wife **Alfred Jones**  
 Father's Name **Wm. Behans** Mother's Name **Fester Cottman**  
 Cause of Death { Primary **Pulmonary Phthisis** How long sick **18 months**  
 Immediate **Haemorrhage** Accident, Suicide, Homicide  
 Reported by **W. H. Alexander M.D.**  
 Address **Heals Island Somerset Co.**





Name  
in  
Full

Alexander W Land

## CERTIFICATE OF DEATH

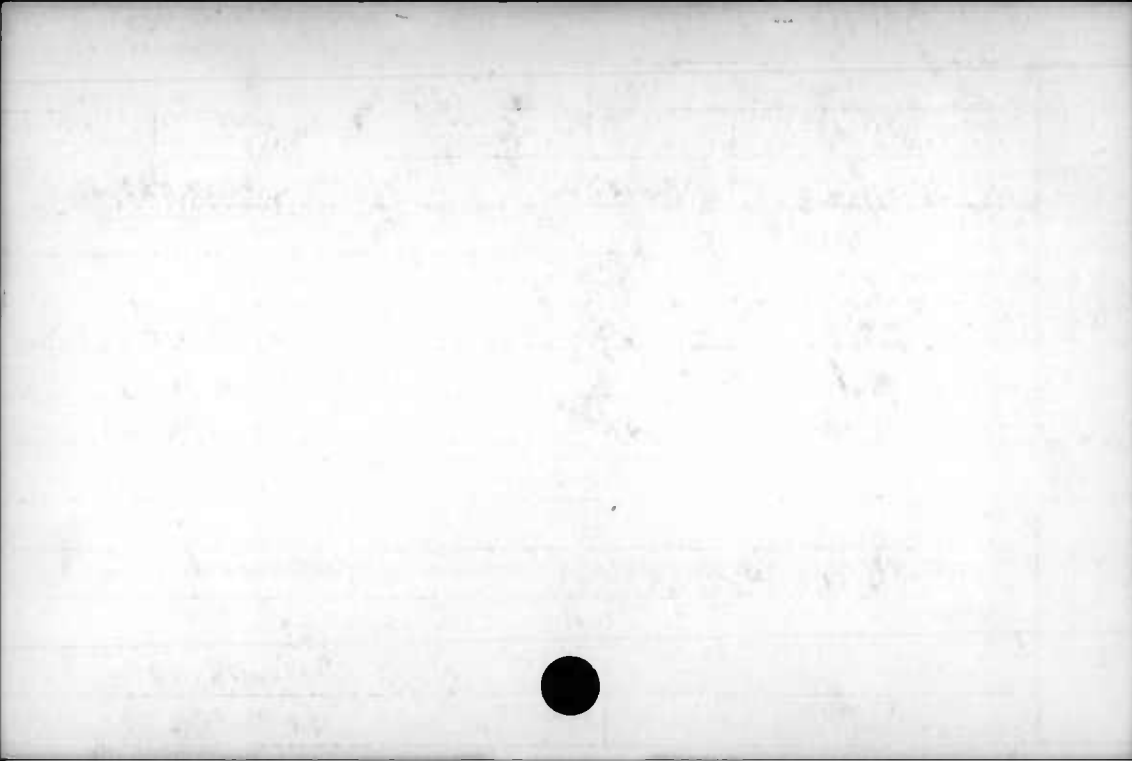
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Craigsville</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death 190 <i>7</i>	Month <i>Dec</i>	Day <i>2</i>	Age <i>46</i>	Years <i>46</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Somerset Md.</i>					
Married, Single or Widowed <i>Widower</i>	Occupation <i>Mariner</i>						
Name of Wife or Husband <i>Annie Slattery</i>							
Father's Name <i>Thomas Land</i>				Father's Birthplace <i>Somerset Md.</i>			
Mother's Maiden Name <i>Ward</i>				Mother's Birthplace <i>Somerset Md.</i>			
Name of person giving information <i>J. D. Land</i>				How related to deceased <i>Brother</i>			

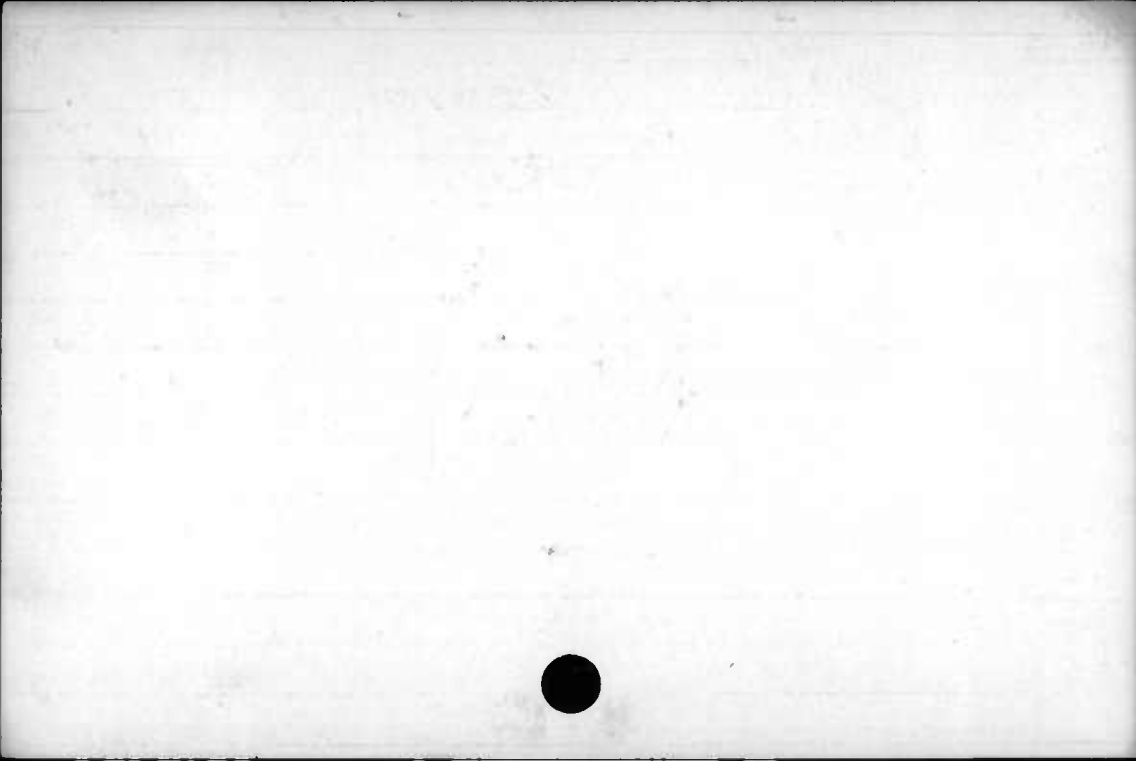
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>2 years</i>
Immediate <i>Consumption</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. J. Anderson</i>
	Address <i>Craigsville Md.</i>
Accident or Suicide?	



Name in Full		Infant,		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Crisfield</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND
	Date of death 190 <i>21</i> <sup>Month</sup> <i>Dec.</i> <sup>Day</sup> <i>7</i>	Age <i>1</i> <sup>Years</sup> <i>born</i> <sup>Months</sup> <i>dead.</i> <sup>Days</sup>			
	Sex	Color or Race <i>White</i>	Birth-place <i>Crisfield</i>		
	Married, Single or Widowed		Occupation		
	Name of Wife or Husband				
	Father's Name <i>Chas. Maddrix</i>	Father's Birthplace <i>Md.</i>			
	Mother's Maiden Name <i>Edith Sterling</i>	Mother's Birthplace <i>"</i>			
Name of person giving information <i>Chas. Maddrix</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long		
	Immediate <i>Born Dead.</i>		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. Lawson</i>		
	Accident or Suicide?		Address <i>Crisfield Md.</i>		



Name in Full		Infant				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Marion Station		County Somerset		State MARYLAND
	Date of death 1902		Month DEC	Day 7	Age 23 day	Months	Days 23
	Sex Boy		Color or Race Black		Birth-place Marion Sta		
	Married, Single or Widowed				Occupation		
	Name of Wife or Husband						
	Father's Name Geo Mills				Father's Birthplace Worcester Co		
Mother's Maiden Name Rosa Manocan				Mother's Birthplace Zolot co			
Name of person giving information J. H. White				How related to deceased Minister			

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary		How long
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. White <u>DD</u>
	Address		Marion Md
Accident or Suicide?		No Physician in charge	



Marie Searcy

Died at <sup>Town</sup> *Levinsfield* <sup>County</sup> *Somerset* MARYLANDDate 19 *02* <sup>Month</sup> *12* <sup>Day</sup> *8* Age <sup>Y.</sup> *20* <sup>M.</sup> *—* <sup>D.</sup> *—* Native of *Ind* Occupation *Seamstress*

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~Number of children living *—*Husband of *+*

Wife

Father's Name *Ernan Searcy* Mother's Maiden Name *Sallie Lawson*Cause of { Primary *Tuberculosis* How long sick *6 months*Death { Immediate *27* Accident, Suicide ~~Homicide~~Reported by *W. F. Hall*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Annie Stewart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New P. Free</i>		Town <i>Samuel</i>		County <i>Samuel</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec.</i>	Day <i>20</i>	Age <i>60</i>	Years	Months	Days	
Sex <i>female</i>		Color or Race <i>Black</i>		Birth-place <i>Samuel Co.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>William Stewart</i>							
Father's Name <i>Samuel Collier</i>				Father's Birthplace <i>Samuel Co.</i>			
Mother's Maiden Name <i>Ann T. Howard</i>				Mother's Birthplace " "			
Name of person giving information <i>Dr. Anderson</i>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>One year</i>
Immediate <i>Asphyxia</i>	How long <i>27</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. J. Smith</i> (Not in all hands) <i>Dr. Anderson</i>
Address	
Accident or Suicide?	



*Mariak Telghman*  
 Town County  
 Died at *Blms house* *Pomeroy* MARYLAND  
 Date 19 *02* *Dec* *19* Age *30* *Pomeroy*  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of  
 Wife  
 Father's Name *John Hayman* Mother's Maiden Name *Malinda Hayman*

Cause of Death Primary Immediate  
*General Debility*  
 How long sick  
*Wrote for 6 months*  
 Accident, Suicide, Homicide

Reported by *Kenneth Wyford*  
 Address *Pomeroy home* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

Husband

Wife

Father's  
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Elijah T. Webster 114

Died at Deal's Island Somerset MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Dec	1	1833			Michigan	Seaman

Age 69 -   
 Married   
 Widowed   
 Divorced   
 Number of children living

of   
 Father's Name: Jacob T. Webster   
 Mother's Name: Betsey Webster   
 Maiden Name:

Cause of Death: Primary Asthenia   
 How long sick: 2-3 weeks   
 Accident, Suicide, Homicide

Reported by: J. F. G. Alexander M.D. 114   
 Address: Deal's Island Somerset Co.,



Name in Full

Certificate of Death

Earl Whittington

Town

Marion

County

Somerset

MARYLAND

Died at

Date 1902 Month 12 Day 30 Age 18 Y. M. D. Native of Ind Occupation clerking  
 Male White Married Widowed Divorced  
 Female Colored Single Widower Number of children living 1

Husband of +

Wife

Father's

Name

Charles S. Whittington

Mother's

Name

Ida Whittington

Cause of

Primary

Typhoid fever

How long sick

28 days

Death

Immediate

Nephritis.

Accident, Suicide, Homicide

W. F. Hall

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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